

Dirigo Choice Health Plan

Plan 2 – Group [B, C, D, E, or F]



This is a Summary of Benefits to your Dirigo Choice Health Plan. It is attached to and becomes part of your Dirigo Choice Health Plan Certificate of Coverage (030497).

Group Name:

Group Number:

Effective Date:

Cost Shares		
Calendar Year Deductibles:		
General Deductible	\$ [500; 800; 1,125; 1,450; or 1,750] Individual Deductible \$ [1,000; 1,600; 2,250; 2,900; or 3,500] Family Deductible	
Mental Health (Non-listed Mental Illnesses)	\$150	
Calendar Year Out-of-Pocket Limit	[\$ 1,600; 2,600; 3,600; 4,600; or 5,600] Individual Limit [\$ 3,200; 5,200; 7,200; 9,200; or 11,200] Family Limit	
Lifetime Maximum Benefit	No Limit	
	Network Benefit	Non-Network Benefit
Coinsurance	The Plan pays 80% The Member pays 20% Unless otherwise indicated	The Plan pays 50% The Member pays 50% Unless otherwise indicated
Copayment	\$20 where indicated	\$35 Copayment where indicated
Service	Network Benefit The Plan Pays:	Non-Network Benefit The Plan Pays:
Hospital Services Inpatient (Prior authorization required for non-emergency inpatient admissions) Outpatient	80% after deductible	50% after deductible
Emergency Room Services	80% after deductible	80% after deductible
Professional Services Inpatient Outpatient Diagnostic tests, x-rays, and surgery	80% after deductible	50% after deductible
Physician Office Visits Sick Care Specialists Routine/Preventive (including any associated diagnostic tests and x-rays)	100% after \$20 copayment, deductible does not apply 100%, no copayment or deductible	70% after \$35 copayment, deductible does not apply 50% after \$35 copayment, deductible does not apply

Benefit payments are based on a percentage of the maximum allowance after any copayments and deductibles have been applied or a fixed or capitated amount.

Other Services Occupational, Speech, and Physical Therapies – Combined limit of \$3,000 per calendar year Chiropractic Care / Manipulative Therapy Combined limit of 40 visits per calendar year Skilled Nursing Facility – Up to 100 days per member per calendar year Hospice / Home Health Care Ambulance Cardiac Rehabilitation – Up to 24 visits per member per calendar year Durable Medical Equipment – Up to \$3,500 per member per calendar year Prostheses (excluding limbs) Prostheses for limb replacement Smoking Cessation: Smoking Cessation Program – up to \$35 per program /\$70 per lifetime Physician Office Visits – up to 2 per member per calendar year Smoking Cessation Medications – Up to \$200 per calendar year/\$400 per lifetime	80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% deductible does not apply 100%, no copayment or deductible 100% after \$20 copayment, deductible does not apply See the Prescription Drug section for additional information	50% after deductible 50% after deductible 50% after deductible 50% after deductible 80% after deductible 50% after deductible 50% after deductible 50% after deductible 80% deductible does not apply 100%, no copayment or deductible 70% after \$35 copayment, deductible does not apply See the Prescription Drug section for additional information
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Mental Health and Substance Abuse Services

Mental Health and Substance Abuse services are managed by Anthem Behavioral Health and all Inpatient services require preauthorization. Failure to comply with the requirements outlined in your Certificate of Coverage may result in a penalty up to \$150.

Coinsurance for Non-listed Mental Health services does not count toward meeting the annual coinsurance limit. Coinsurance continues to apply to these services after the coinsurance limit is met.

*Listed Mental Illnesses including Substance Abuse services: Inpatient Day treatment Outpatient Office Visits Home Health Care Services	80% after deductible 100% after \$20 copayment, deductible does not apply 80% after deductible	50% after deductible 70% after \$35 copayment, deductible does not apply 50% after deductible
Non-listed Mental Illnesses: Deductible – combined in and out of network Inpatient – Combined limit of 30 days per calendar year. Two days of Day Treatment equal one day of Inpatient Treatment. Outpatient – Combined limit of 40 visits per member per calendar year	\$150 80% after mental health deductible 80% after mental health deductible	\$150 50% after mental health deductible 50% after mental health deductible

***Listed Mental Illnesses: State of Maine statute requires that benefits be provided at the same benefit level provided for medical treatment for the following listed mental illnesses: psychotic disorders, including schizophrenia; dissociative disorders; mood disorders; anxiety disorders; personality disorders; paraphilias; attention deficit and disruptive behavior disorders; pervasive developmental disorders; tic disorders; eating disorders, including bulimia and anorexia; and substance abuse-related disorders.**

Home Health Care Services	80% after deductible	50% after deductible
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